

Morrow Counseling and Psychotherapy PLLC

Credit Card Guarantee

I agree that if I fail to confirm my scheduled counseling appointment 48 hours in advance, and I fail to make additional arrangements with my therapist or reschedule the appointment during that 48-hour time-period, I will pay the full fee for the missed session.

Credit Card Type: ___ Visa ___ MasterCard ___ Amex ___ Discover

Cardholder Name: _____

Billing Address: _____

Card #: _____ Exp Date: _____

Three digit CID number: _____ (located on the back of card)

I agree to the above terms and authorize Morrow Counseling and Psychotherapy PLLC to charge the payment of the missed appointment.

Signature

Date